



PRINCETON MARRIOTT FORRESTAL

GUEST FOLIO

2212 ROOM	PARFITT/MICHELLE/MS NAME	144.00 RATE	02/18/22 DEPART	07:14 TIME	48639 ACCT#
GK TYPE	207 EAST COLUMBIA ST FALLS CHURCH VA 22046		02/13/22 ARRIVE	16:32 TIME	
5					
ROOM CLERK	ADDRESS	AXXXXXXXXXXXXXX6006 PAYMENT			MBV#: 285246737

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
02/13	IRON&IVY 34392212	7.33		
02/13	IRON&IVY 34562212	5.50		
02/13	TR ROOM 2212.1	144.00		
02/13	ROOM TAX 2212.1	9.54		
02/13	OCC TAX 2212.1	7.20		
02/13	MUNI TX 2212.1	4.32		
02/14	TR ROOM 2212.1	144.00		
02/14	ROOM TAX 2212.1	9.54		
02/14	OCC TAX 2212.1	7.20		
02/14	MUNI TX 2212.1	4.32		
02/15	MARKET 41402212	7.73		
02/15	TR ROOM 2212.1	144.00		
02/15	ROOM TAX 2212.1	9.54		
02/15	OCC TAX 2212.1	7.20		
02/15	MUNI TX 2212.1	4.32		
02/16	IRON&IVY 36662212	5.27		
02/16	MARKET 42082212	3.73		
02/16	TR ROOM 2212.1	144.00		
02/16	ROOM TAX 2212.1	9.54		
02/16	OCC TAX 2212.1	7.20		
02/16	MUNI TX 2212.1	4.32		
02/17	IRON&IVY 38032212	5.77		
02/17	MARKET 42452212	3.73		
02/17	TR ROOM 2212.1	144.00		
02/17	ROOM TAX 2212.1	9.54		
02/17	OCC TAX 2212.1	7.20		
02/17	MUNI TX 2212.1	4.32		
02/18	IRON&IVY 39232212	7.36		
02/18	CCARD-AX			

PAYMENT RECEIVED BY: AMERICAN EXPRESS XXXXXXXXXXXXXXX6006

871.72

.00

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PRINCETON MARRIOTT FORRESTAL  
100 COLLEGE RD EAST  
PRINCETON NJ 08540  
609-452-7800

Treat yourself to the comfort of Marriott Hotels in your home. Visit ShopMarriott.com.

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X



MARRIOTT

PRINCETON MARRIOTT FORRESTAL

GUEST FOLIO

2210	GREEN/JAMES	144.00	02/18/22	12:00	48638
ROOM	NAME	RATE	DEPART	TIME	ACCT#
GK	207 EAST COLUMBIA ST		02/13/22	16:32	
TYPE	FALLS CHURCH VA 22046		ARRIVE	TIME	
57					

ROOM	ADDRESS	AXXXXXXXXXXXXXX6006	MBV#:	061750071
CLERK		PAYMENT		

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
02/13	MARKET	40992210	7.46	
02/13	TR ROOM	2210, 1	144.00	
02/13	ROOM TAX	2210, 1	9.54	
02/13	OCC TAX	2210, 1	7.20	
02/13	MUNI TX	2210, 1	4.32	
02/14	MARKET	41192210	12.00	
02/14	TR ROOM	2210, 1	144.00	
02/14	ROOM TAX	2210, 1	9.54	
02/14	OCC TAX	2210, 1	7.20	
02/14	MUNI TX	2210, 1	4.32	
02/15	IRON&IVY	35342210	4.80	
02/15	IRON&IVY	35352210	1.00	
02/15	MARKET	41552210	8.00	
02/15	IRON&IVY	36132210	179.27	
02/15	MARKET	41602210	7.46	
02/15	TR ROOM	2210, 1	144.00	
02/15	ROOM TAX	2210, 1	9.54	
02/15	OCC TAX	2210, 1	7.20	
02/15	MUNI TX	2210, 1	4.32	
02/16	IRON&IVY	36422210	4.80	
02/16	TR ROOM	2210, 1	144.00	
02/16	ROOM TAX	2210, 1	9.54	
02/16	OCC TAX	2210, 1	7.20	
02/16	MUNI TX	2210, 1	4.32	
02/17	IRON&IVY	37912210	4.80	
02/17	IRON&IVY	37932210	1.00	
02/17	MARKET	42462210	7.20	
02/17	TR ROOM	2210, 1	144.00	
02/17	ROOM TAX	2210, 1	9.54	
02/17	OCC TAX	2210, 1	7.20	
02/17	MUNI TX	2210, 1	4.32	
02/18	CCARD-AX		1063.09	

PAYMENT RECEIVED BY: AMERICAN EXPRESS XXXXXXXXXXXXXXXX6006

.00

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MARRIOTT

PRINCETON MARRIOTT FORRESTAL  
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PRINCETON NJ 08540  
609-452-7800

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Signature X

Nan Parfitt

## Your Receipt

[VIEW RECEIPT](#)

# 01 PN **RR** **387190775**  
RES K03200047E6

**MICHELLE PARFITT**

### INITIAL CHARGES

RENT RT	\$	257.06/ WEEK	@	1/ WEEKS	\$	257.06
<b>SUBTOTAL 1</b>					\$	<b>257.06</b>
DISCOUNT -	R	10%			\$	25.71
<b>SUBTOTAL LESS DISCOUNT</b>					T \$	<b>231.35</b>

### CHARGES ADDED DURING RENTAL

LDW	DECLINED					
LIS	ACCEPTED @ \$	17.11	DAY		T \$	119.77
PAI, PEC	DECLINED					
PREM RD SVC	DECLINED					

\* ADDITIONAL CHARGES

### SERVICE CHARGES/TAXES

VEHICLE LICENSE COST RECOVERY					T \$	2.73
TAX	10.000%	ON TAXABLE TTL OF \$	353.85		\$	35.39

**TOTAL AMOUNT DUE** \$ **389.24**

CHARGED ON AMX XXXXXXXXXXXX6006

FOR EXPLANATION OF THE ABOVE CHARGES,

PLEASE ASK A REPRESENTATIVE OR GO TO

[WWW.HERTZ.COM/CHARGEEXPLAINED](http://WWW.HERTZ.COM/CHARGEEXPLAINED)

VEHICLE:	02198/649976818SIRSUN CRV 1.5S
LICENSE:	FL49AUGY
FUEL:	NOT FULL4/8 OUT4/8 IN
MILEAGE IN: 40500	TR-X MILES:
MILEAGE OUT: 40000	MILES ALLOWED:
MILES DRIVEN: 500	MILES CHARGED:
CDP:	00212-AAA MID ATLANTIC
RENTED:	WEST BROAD ST HLE
RENTAL:	02/12/2211:06
RETURN:	02/19/2210:00
RETURNED:	WEST BROAD ST HLE



\*\*\*\*\*

\*\*\*\*\*

WED 02-16-22 04:49 P

FEE[BASE] \$ 12.00  
Total \$ 12.00

Card No. XXXX XXXX 6006  
Charge Amount \$ 12.00

Change \$ 0.00

\*\*\*\*\*

\*\*\*\*\*

THU 02-17-22 04:30 P

FEE[BASE] \$ 12.00  
Total \$ 12.00

Card No. XXXX XXXX 5018  
Charge Amount \$ 12.00

Change \$ 0.00

\*\*\*\*\*

\*\*\*\*\*

FRI 02-18-22 05:31 P

FEE[BASE] \$ 12.00  
Total \$ 12.00

Card No. XXXX XXXX 2668  
Charge Amount \$ 12.00

Change \$ 0.00

PAN

Henry Street Garage

DATE: 02/16/22

TIME: 08:45 PM

Receipt No. 21/1896/82

\* Original \*

Ticket: 105833

Entry : 02/16/22 06:40 PM

LPR :

TAX included 4.00

Credit 4.00

Trans ID : 698359483

Card No. : xxxxxxxxxxxx5018

Card Type: VISA

Thank you for parking with us

GAS

2890 Brunswick Pike  
Lawrenceville NJ 08789

EXXON EXPRESS PAY

SAI VIJAYA RTE 1 LLC  
XXXXXXXXXX0001  
2890 BRUNSWICK PIKE  
LAWRENCEVILL, NJ  
08648  
02/18/2022 326504173  
05:42:31 PM

XXXXXXXXXXXX2668

Visa

INVOICE 005902

AUTH 044124

PUMP# 7  
Regular CR 9.168G  
PRICE/GAL \$3.599

FUEL TOTAL \$ 33.00

CREDIT \$ 33.00

Customer-activated Purchase/Capture

Site #: 000000004767885

Shift Number 0

Sequence Number 12915

Swiped

APPROVED 044124

GAS

Wawa #599

1419 Mountain Road  
Joppa MD 21085

\*\*\*\*\*

2/13/2022 2:08:07 PM

Term: XXXXXXXXXXXX7004

Appr: 616814

Seq#: 031911

Product: Premium

Pump Gallons Price

07 9.314 \$4.019

Total Sale \$37.43

Capture

Debit

XXXXXXXXXXXX2668

Chip Read

USD\$ 37.43

US DEBIT

Mode: Issuer

AID: A00000000980840

TUR: 8000048000

IAD: XXXXXXXXXXXXXXX

TSI: 6800

ARC: 00

ARQC:

9698878C47EF2422

02/13/2022 14:00:56



NEWS

Princeton Marriott at Forrestal  
Iron & Ivy  
100 College Road East  
Princeton, New Jersey 08540

Check No : 3469  
Table No : 1  
Server : 40399 ANATOLIY  
Name on Card: PARFITT/ MICHELLE  
Acct Num : XXXXXXXXXXXX2668  
Expiry Date : \*\*/\*\*  
Card Type : VISA  
Trans Type : Authorize  
Trans Date : 2/14/2022  
Trans Time : 7:05 AM  
Entry Mode : Chip  
Auth Code : 023790  
Resp Code : 00  
Mode : Issuer  
App Label : VISA DEBIT  
AID : A0000000031010  
ARC : 00  
TVR : 8000008000  
TSI : 6800  
IAD : 06061203E0A000

00 Approved - Thank You 000

Subtotal : USD\$ 29.06

Gratuuity : \_\_\_\_\_

Total : \_\_\_\_\_

X \_\_\_\_\_

Signature

I Agree to pay total amount as  
per the Card Issuer Agreement.  
Merchant Copy

609-452-7800

Welcome to Wawa #599

Phone: 410-538-3130  
1419 Mountain Road  
Joppa, MD 21085

2/13/2022 2:15:48 PM Trx # 15501999  
Register #14 Cashier: Jessica

Total: \$11.95

Qty		
	COFFEE 12OZ	\$1.85
	PP NG OMEGA 3 MIX CAR CUP 8	\$4.99
	PP NG HEART HEALTHY MIX CAR	\$4.99
	Sub-Total:	\$11.83
	Tax:	\$0.12
	Total:	\$11.95
	Debit:	\$11.95
	Change:	\$0.00

Sale

Debit  
Card Num : XXXXXXXXXXXX2668  
Chip Read  
Terminal : XXXXXXXX7005  
Approval : 419023  
Sequence : 031940

USD\$ 11.95

US DEBIT

Mode: Issuer  
AID: A0000000980840  
TVR: 8000048000  
IAD: XXXXXXXXXXXX  
TSI: 6800  
ARC: 00  
ARQC: A8B0FA4A70EE3FBE

# Ashcraft & Gerel, LLP

Alexandria, VA Office  
4900 Seminary Rd., Suite 650, Alexandria, VA 22311

## Expense Voucher

Name	Michelle Parfitt	Employee Number	
Office	Alexandria, VA	Dept. No.	180
Departed	2/13/2022	Returned	2/18/2022
Destination	Trenton, NJ		
Expenses Incurred for	Total A&G	Your Office	Client
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Trial		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Hertz Tolls	\$29.90	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$29.90				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

MAP  
Employee Signature

Date

Approval Signature

Date

### FOR ACCOUNTING USE ONLY

Total Expenses \_\_\_\_\_  
Total Paid by A&G \_\_\_\_\_  
Advance Amount \_\_\_\_\_  
Amount Reimb. \_\_\_\_\_  
Check # \_\_\_\_\_



Nan Parfitt

---

From: HertzTollProcessing@PlatePass.com  
Sent: Thursday, March 3, 2022 11:24 PM  
To: Nan Parfitt  
Subject: Hertz Toll Receipt



Receipt 167406819

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**Rental Agreement:** 387190775

**Last Name:** PARFITT

**Rental Start Date:** 02/12/2022

**Pickup Location:** 0584001

**Rental End Date:** 02/19/2022

**Return Location:** 0584001

**Amount Due:** \$0.00

**Thank you for renting with Hertz.**

Hertz utilizes a service called PlatePass which allows its customers to use cashless lanes or all-electronic tollways without using a personal transponder or paying the toll authority directly. The card used for your Hertz rental was charged the cost of the toll(s) and the convenience fee(s) as disclosed in your rental agreement. No further payment or action is necessary. Additional charges may apply if new information is received from toll authorities relating to this rental agreement.

Summary of PlatePass Charges



**Toll Charges: \$18.00**



**Convenience Fee: \$11.90**

---

**Total: \$29.90**

**Amount Charged: \$29.90**

AMEX ending in 6006

**Amount Due: \$0.00**

Need itemized receipt?

Need more information?



[www.PlatePass.com](http://www.PlatePass.com)

[PlatePass FAQ](#)

[Contact PlatePass](#)

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# Ashcraft & Gerel, LLP

Alexandria, VA Office  
4900 Seminary Rd., Suite 650, Alexandria, VA 22311

## Expense Voucher

Name	James Green	Employee Number	
Office	Washington, DC	Dept. No.	120
Departed	2/13/2022	Returned	2/18/2022
Destination	Trenton, NJ		
Expenses Incurred for	Total A&G	Your Office	Client
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Trial		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Tolls	\$18.19	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$18.19				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

JFG  
Employee Signature

Date

Approval Signature

Date

### FOR ACCOUNTING USE ONLY

Total Expenses \_\_\_\_\_  
Total Paid by A&G \_\_\_\_\_  
Advance Amount \_\_\_\_\_  
Amount Reimb. \_\_\_\_\_  
Check # \_\_\_\_\_



**Ellen Pascal**

---

**From:** James Green <green1249@msn.com>  
**Sent:** Friday, March 11, 2022 11:09 AM  
**To:** Nan Parfitt; Ellen Pascal  
**Subject:** EZ pass tolls for Talc travel 2/2022  
**Attachments:** EZ Pass tolls February 2022 for Talc travel.pdf

Ellen, checking for other expenses but here are my Talc related Ez Pass tolls for reimbursement \$18.19  
The March tolls have not posted yet.



PO BOX 1234  
CLIFTON FORGE, VA 24422  
(877) 762-7824

## Monthly Statement

Account Number: 0000260966  
Statement Date: 3/11/2022  
Statement period:  
From: 2/1/2022  
To: 2/28/2022

EILEEN GREEN  
6522 HEATHER BROOK COURT  
MCLEAN VA 22101

OUT-OF-STATE TRAVEL USUALLY MEANS HIGHER TOLLS;  
ADD FUNDS AT LEAST 2 DAYS BEFORE LEAVING VIRGINIA.

### Activity Summary Per Tag

Tag Number	Issuing Auth.	Toll Charges	Tag Number	Issuing Auth.	Toll Charges
0003578856	10	(18.19)	0003578857	10	(0.00)

### Activity Summary Per License Plate

License Plate	Agency	Toll Charges	License Plate	Agency	Toll Charges
---------------	--------	--------------	---------------	--------	--------------

### Account Activity-Cont'd

Posted	Transaction	Tag	Transaction Date/Time	Auth	Plaza Facility	Entry Plaza	Entry Lane	Exit Plaza	Exit Lane	Amount	Balance
Beginning Prepaid Balance											75.66
02/15/2022	AWAY AGENCY TOLL	3578856	02/13/2022 14:50:06PM	19	DelDOT	***		D95	40	(4.00)	71.66
02/19/2022	AWAY AGENCY TOLL	3578856	02/13/2022 13:40:41PM	16	MdTA	***		FMT	010	(4.00)	67.66
02/20/2022	AWAY AGENCY TOLL	3578856	02/18/2022 19:06:58PM	25	DRBA	***		DMB	06	(5.00)	62.66
02/24/2022	AWAY AGENCY TOLL	3578856	02/18/2022 19:29:28PM	19	DelDOT	***		D95	41	(4.00)	58.66
02/26/2022	AWAY AGENCY TOLL	3578856	02/18/2022 20:26:36PM	16	MdTA	***		952	002	(1.19)	57.47
Ending Prepaid Balance											57.47

### Account Summary

Beginning Prepaid Balance	Toll Charges	Non-Toll Charges	Payments	Debit Adjustments	Credit Adjustments	Ending Prepaid Balance	Beginning Tag Deposit	Tag Deposit Net Activity	Ending Tag Deposit
75.66	(18.19)	(0.00)	(0.00)	(0.00)	(0.00)	57.47	(0.00)	(0.00)	(0.00)

# Ashcraft & Gerel, LLP

Alexandria, VA Office  
4900 Seminary Rd., Suite 650, Alexandria, VA 22311

## Expense Voucher

Name	James Green	Employee Number	
Office	Washington, DC	Dept. No.	120
Departed	3/1/2022	Returned	3/2/2022
Destination	New York, NY		
Expenses Incurred for	Total A&G	Your Office	Client
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Meetings		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Hotel	\$348.98	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$348.98				

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JFG  
Employee Signature

Date

Approval Signature

Date

### FOR ACCOUNTING USE ONLY

Total Expenses \_\_\_\_\_  
Total Paid by A&G \_\_\_\_\_  
Advance Amount \_\_\_\_\_  
Amount Reimb. \_\_\_\_\_  
Check # \_\_\_\_\_



**Mr. James Green**  
**6522 Heather Brook Court, McLean, VA, USA**  
**McLean, VA 22101**  
**United States**

Room No. : 0517  
Arrival : 03-01-22  
Departure : 03-02-22  
Folio No. : 257402  
Conf. No. : 395742  
Cashier No. : 6

Company Name: A Fresh Start

Group Name:

**INFORMATION INVOICE**

Date	Description	Charges	Credits
03-01-22	Package Charge	262.50	
03-01-22	City Occupancy Tax - Room	2.00	
03-01-22	City Javits Center Tax - Room	1.50	
03-01-22	Residence Fee	40.00	
03-01-22	City Sales Tax - Room - 5.875%	16.13	
03-01-22	State Sales Tax - Room - 8.875%	24.36	
03-01-22	State Tax - CP Breakfast - 8.875%	2.49	
03-02-22	Visa Payment		348.98
	XXXXXXXXXXXX9607		
	10/23		
		<b>Total Charges</b>	348.98
		<b>Total Credits</b>	348.98
		<b>Balance</b>	<b>0.00</b>



# Ashcraft & Gerel, LLP

## Expense Voucher

Name	Michelle Parfitt	Employee Number	
Office	Washington, DC	Dept. No.	180
Departed	3/1/2022	Returned	3/2/2022
Destination	New York, NY		
Expenses Incurred for	Total A&G <input type="radio"/>	Your Office <input type="radio"/>	Client <input type="radio"/>
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Meetings		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Hotel	\$468.98	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Rental Car	\$377.65	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$846.63				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

M. Parfitt  
Employee Signature

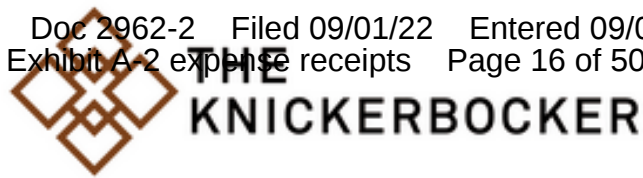
Date

Approval Signature

Date

### FOR ACCOUNTING USE ONLY

Total Expenses \_\_\_\_\_  
Total Paid by A&G \_\_\_\_\_  
Advance Amount \_\_\_\_\_  
Amount Reimb. \_\_\_\_\_  
Check # \_\_\_\_\_



**Ms. Michelle Parfitt**  
**8403 Colesville Road, Silver Spring, MD, USA**  
**Silver Spring, MD 20910**  
**United States**

Room No. : 0507  
 Arrival : 03-01-22  
 Departure : 03-02-22  
 Folio No. : 257404  
 Conf. No. : 395743  
 Cashier No. : 6

Company Name: A Fresh Start

Group Name:

**INFORMATION INVOICE**

Date	Description	Charges	Credits
03-01-22	Package Charge	262.50	
03-01-22	City Occupancy Tax - Room	2.00	
03-01-22	City Javits Center Tax - Room	1.50	
03-01-22	Residence Fee	40.00	
03-01-22	City Sales Tax - Room - 5.875%	16.13	
03-01-22	State Sales Tax - Room - 8.875%	24.36	
03-01-22	State Tax - CP Breakfast - 8.875%	2.49	
03-02-22	Guest Parking 844908	60.00	
03-02-22	American Express Payment XXXXXXXXXXXX6006 12/25		408.98
03-03-22	Guest Parking 004554	60.00	
03-03-22	American Express Payment XXXXXXXXXXXX6006 12/25		60.00
		<b>Total Charges</b>	468.98
		<b>Total Credits</b>	468.98
		<b>Balance</b>	<b>0.00</b>



Rental Record#

404735752

# 01 RN **RR404735752**

RES K05209430B0

MICHELLE PARFITT

Rental Agreement

INITIAL CHARGES				
RENT RT	\$ 60.45/ DAY	@	3/ DAYS	\$ 181.35
SUBTOTAL			T \$	181.35
CHARGES ADDED DURING RENTAL				
LDW ⓘ	ACCEPTED @	\$ 26.99	DAY	T \$ 80.97
LIS ⓘ	DECLINED			
PAI, PEC ⓘ	DECLINED			
PREM RD SVC ⓘ	DECLINED			
FPO ⓘ	ACCEPTED			\$ 87.80
* ADDITIONAL CHARGES				
SERVICE CHARGES/TAXES				
VEHICLE LICENSE COST RECOVERY ⓘ			T \$	1.17
TAX 10.000%	ON TAXABLE TTL OF	\$ 263.49	\$	26.36
TOTAL AMOUNT DUE				\$ 377.65
CHARGED ON	AMX	XXXXXXXXXXXX6006		
Gold Plus Rewards Points Earned This Rental:		350		
For more transparency of above charges, please hover over the fee or go to				
WWW.HERTZ.COM/CHARGEEXPLAINED				
VEHICLE:	01798 / 4017380 18 GR CHEROKEE4W3S			
LICENSE:	FL 41AUIW			
FUEL:	FULL 8 /8 OUT 8 /8 IN			
MILEAGE IN:	33654	TR-X MILES:		
MILEAGE OUT:	33412	MILES ALLOWED:		
MILES DRIVEN:	242	MILES CHARGED:		
CDP:	1392782 - HERTZ MEMBER PROGRAM			

Exhibit A-2 expense receipts

Page 18 of 50

RENTED:	WEST BROAD ST HLE	
RENTAL:	02/28/22 17:29	
RETURN:	03/03/22 08:38	
RETURNED:	WEST BROAD ST HLE	
COMPLETED BY:	5231 / VAFAL01	
PLAN IN:	OAUD3	RATE CLASS: L
PLAN OUT:	OAUD3	

[www.Hertz.com](http://www.Hertz.com)

STATEMENT OF CHARGES – NOT VALID FOR RENTAL

# Ashcraft & Gerel, LLP

Alexandria, VA Office  
4900 Seminary Rd., Suite 650, Alexandria, VA 22311

## Expense Voucher

Name	James Green	Employee Number	
Office	Washington, DC	Dept. No.	120
Departed	3/7/2022	Returned	3/8/2022
Destination	New Jersey		
Expenses Incurred for	Total A&G	Your Office	Client
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Hearing		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Hotel	\$225.64	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$225.64				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

JFG  
Employee Signature

Date

Approval Signature

Date

### FOR ACCOUNTING USE ONLY

Total Expenses \_\_\_\_\_  
Total Paid by A&G \_\_\_\_\_  
Advance Amount \_\_\_\_\_  
Amount Reimb. \_\_\_\_\_  
Check # \_\_\_\_\_





PRINCETON MARRIOTT FORRESTAL

GUEST FOLIO

3526 ROOM EK TYPE 11	GREEN/JAMES NAME 207 EAST COLUMBIA ST FALLS CHURCH FALLS CHURCH VA 22046	179.00 RATE	03/08/22 DEPART 03/07/22 ARRIVE	07:18 TIME 16:41 TIME	51997 ACCT#
ROOM CLERK	ADDRESS	VSXXXXXXXXXXXX9607 PAYMENT			MBV#: 061750071

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
03/07	MARKET	48213526		
03/07	TR ROOM	3526, 1		14.66
03/07	ROOM TAX	3526, 1		179.00
03/07	OCC TAX	3526, 1		11.86
03/07	MUNI TX	3526, 1		8.95
03/08	IRON&IVY	38993526		5.37
03/08	IRON&IVY	39003526		4.80
03/08	CCARD-VS			1.00
			225.64	

PAYMENT RECEIVED BY: VISA XXXXXXXXXXXXXXX9607  
 \*\*\*\*\* AUTHORIZATION \*\*\*\*\*  
 APPROVED  
 Total: \$229.00 Card Type: VISA Card Entry: CHIP Acct #: \*\*\*\*\*9607 Approval Code: 07413C  
 \*\*\*\*\* EMV AUTHORIZATION \*\*\*\*\*  
 App Label: VISA CREDIT Mode: Issuer  
 AID: A0000000031010 TVR: 0080008000 IAD: 06010A03602002 TSI: F800 ARC: 00 AC: 3DD74D52B20B0768 CVM: 5E0000  
 .00

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PRINCETON NJ 08540  
609-452-7800

Treat yourself to the comfort of Marriott Hotels in your home. Visit [ShopMarriott.com](http://ShopMarriott.com).

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X

# Ashcraft & Gerel, LLP

Alexandria, VA Office  
4900 Seminary Rd., Suite 650, Alexandria, VA 22311

## Expense Voucher

Name	Michelle Parfitt	Employee Number	
Office	Washington, DC	Dept. No.	180
Departed	3/7/2022	Returned	3/8/2022
Destination	New Jersey		
Expenses Incurred for	Total A&G	Your Office	Client
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Hearing		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Hotel	\$212.64	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Rental Car	\$318.58	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Fuel	\$50.50	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Parking	\$12.00	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Meals	\$24.00	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Other Expenses (Please Describe)					
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$617.72				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

JFG  
Employee Signature

Date

Approval Signature

Date

### FOR ACCOUNTING USE ONLY

Total Expenses \_\_\_\_\_  
Total Paid by A&G \_\_\_\_\_  
Advance Amount \_\_\_\_\_  
Amount Reimb. \_\_\_\_\_  
Check # \_\_\_\_\_



MARRIOTT

PRINCETON MARRIOTT FORRESTAL

GUEST FOLIO

2214	PARFITT/MICHELLE/MS	179.00	03/08/22	12:00	51996
ROOM	NAME	RATE	DEPART	TIME	ACCT#
GD	207 EAST COLUMBIA ST		03/07/22	16:42	
TYPE	FALLS CHURCH		ARRIVE	TIME	
11	FALLS CHURCH VA 22046				
ROOM		AXXXXXXXXXXXXX6006			
CLERK	ADDRESS	PAYMENT			MBV# 285246767

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
03/07	MARKET	47992214		
03/07	TR ROOM	2214, 1	7.46	
03/07	ROOM TAX	2214, 1	179.00	
03/07	OCC TAX	2214, 1	11.86	
03/07	MUNI TX	2214, 1	8.95	
		2214, 1	5.37	
				212.64

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PRINCETON MARRIOTT FORRESTAL  
100 COLLEGE RD EAST  
PRINCETON NJ 08540  
609-452-7800

Treat yourself to the comfort of Marriott Hotels in your home. Visit [ShopMarriott.com](https://www.shopmarriott.com).

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%) or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X

Web: www.hertz.com



Rental Agreement No: 407760080  
Date: 03/09/2022  
Document: 902000382630

Direct All Inquiries To:  
THE HERTZ CORPORATION  
PO BOX 26120  
OKLAHOMA CITY, OK 73126-0120

CHARGE DETAIL

Renter: MICHELLE PARFITT  
Account No.: \*\*\*\*\*4001 AMX  
CDP No.: 212  
CDP Name: AAA MID ATLANTIC

MICHELLE ADRIEN PARFITT  
ASHCRAFT&GEREL  
1825 K ST NW  
WASHINGTON, DC 20006-1202

RENTAL REFERENCE

Rental Agreement No: 407760080  
Reservation ID: K0550562274  
Frequent Traveler: ZE1

RENTAL DETAILS

Rate Plan: IN: AA2D OUT: AA2D  
Rented On: 03/07/2022 12:00 LOC# 584001  
FALLS CHURCH, VA  
Returned On: 03/08/2022 17:00 LOC# 584001  
FALLS CHURCH, VA  
Car Description: GR CHEROKEE4W3S 41AUIW  
Veh. No.: 4017380  
CAR CLASS Charged: L MILEAGE In: 34,309  
Rented: L Out: 33,904  
Reserved: L Driven: 405

MISCELLANEOUS INFORMATION

CC AUTH: 180860 DATE: 2022/03/07 AMT: 519.00

RENTAL CHARGES

DAYS	2 @	65.52	131.04
SUBTOTAL			131.04
DISCOUNT		10.00%	-13.10
SUBTOTAL			117.94
DAMAGE WAIVER (CDW/LDW)			53.98
LIABILITY INS. SUPPLEMENT			34.22
FUEL PURCHASE OPTION			90.97
VEHICLE LICENSE FEE			0.78
TAX		10.00%	20.69

Gold Plus Rewards Points

Earned this rental: 263

TOTAL CHARGES 318.58 USD

E-RETURN RECEIPT

THANK YOU FOR RENTING FROM HERTZ

Direct All Inquiries To:  
THE HERTZ CORPORATION  
PO BOX 26120  
OKLAHOMA CITY, OK 73126-0120  
UNITED STATES

Renter: MICHELLE PARFITT  
Account No.: \*\*\*\*\*4001 AMX

Rental Agreement No: 407760080  
Date: 03/09/2022  
Document: 902000382630

Web: www.hertz.com

TOTAL CHARGES 318.58 USD



Fua

PAC.W

6730 LEE HWY  
ARLINGTON VA 22205

**EXXON EXPRESS PAY**

WASHINGTON & LEE  
XXXXXXXXXX4001  
6730 LEE HWY  
ARLINGTON, VA  
22205  
03/07/2022 769895212  
12:49:55 PM

XXXXXXXXXXXX2668  
Debit  
INVOICE 097652  
AUTH 923888

PUMP# 16  
Regular 12.3200  
PRICE/GAL \$4.099

FUEL TOTAL \$ 50.50

DEBIT \$ 50.50

=====

Customer-activated Purchase/Capture  
Site #: 000000004704000  
Shift Number 1  
Sequence Number 38384  
Chip Read  
US DEBIT  
Mode: Issuer  
AID: A000000000000000  
TVR: 0000040000  
IAD: 0000120300A000  
TSI: 0000  
ARC: 00  
TC: 7440000000000000  
APPROVED 923888  
Verified by PIN  
=====

\*\*\*\*\*  
\*\*\*\*\*

TUE 03-08-22 02:05 P

FEE[BASE] \$ 12.00  
Total \$ 12.00

Card No. XXXX XXXX 2668  
Charge Amount \$ 12.00

-----  
Change \$ 0.00



MGALS

AREAS USA MDTP, LLC.  
PEET'S COFFEE  
CHESAPEAKE HOUSE SERVICE PLAZA  
110021462 Nikcole B

CHK 21069  
8 Mar'22 3:48 PM

Take Out

1 MD LATTE 5.69  
1 FR NUT TRLMX 5.50  
1 APPLE JUICE 12OZ 3.49  
1 BAR CHOCO DK NUTS & SEA  
SALT K 2.99

Food \$9.18  
Retail \$8.49  
Tax \$1.06

Payment \$18.73  
Change Due \$0.00  
Visa (US) \$18.73  
XXXXXXXXXXXX2668

----- Check Closed -----  
8 Mar'22 3:49 PM

For Guest Service, email:  
guestservice@areas.com  
or 1(800)483-8990

Complete a brief survey at  
www.areasask.com

Princeton Marriott at Forrestal  
Iron & Ivy  
100 College Road East  
Princeton, New Jersey 08540

Check No : 3904  
Table No : 1  
Server : 40394 RAJESH  
Name on Card: CARDHOLDER/VISA  
Acct Num : XXXXXXXXXXXX2668  
Expiry Date : \*\*/\*\*  
Card Type : VISA  
Trans Type : Authorize  
Trans Date : 3/8/2022  
Trans Time : 7:19 AM  
Entry Mode : NFC Chip  
Auth Code : 064324  
Resp Code : 00  
Mode : Issuer  
App Label : VISA DEBIT  
AID : A0000000031010  
ARC : 00  
TVR : 0000000000  
TSI :  
IAD : 06061203A00000

00 Approved - Thank You 000

Subtotal : USD\$ 4.27

Gratuity :

Total :

X

Signature

I Agree to pay total amount as  
per the Card Issuer Agreement.  
Merchant Copy

# Ashcraft & Gerel, LLP

Alexandria, VA Office  
4900 Seminary Rd., Suite 650, Alexandria, VA 22311

## Expense Voucher

Name	Michelle Parfitt	Employee Number	
Office	Washington, DC	Dept. No.	180
Departed	3/7/2022	Returned	3/8/2022
Destination	New Jersey		
Expenses Incurred for	Total A&G	Your Office	Client
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Hearing		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Hertz tolls	\$17.95	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$17.95				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

MAP  
Employee Signature

Date

Approval Signature

Date

### FOR ACCOUNTING USE ONLY

Total Expenses \_\_\_\_\_  
Total Paid by A&G \_\_\_\_\_  
Advance Amount \_\_\_\_\_  
Amount Reimb. \_\_\_\_\_  
Check # \_\_\_\_\_

**Ellen Pascal**

---

**From:** Michelle Parfitt  
**Sent:** Sunday, March 27, 2022 12:34 PM  
**To:** Nan Parfitt; Ellen Pascal  
**Subject:** Fwd: Hertz Toll Invoice  
  
**Categories:** Important

Thank you .Additional expense for Jersey status conference. Thanks, MAP  
Michelle A. Parfitt  
Senior Partner

Ashcraft & Gerel, LLP  
1825 K Street, NW  
Suite 700  
Washington, DC 20006

Office: 202-783-6400  
Mobile: 202-669-0032  
Fax: 202-416-6392

[mparfitt@ashcraftlaw.com](mailto:mparfitt@ashcraftlaw.com)

Begin forwarded message:

**From:** <[HertzTollProcessing@PlatePass.com](mailto:HertzTollProcessing@PlatePass.com)>  
**Subject:** Hertz Toll Invoice  
**Date:** March 27, 2022 at 12:15:40 PM EDT  
**To:** <[MPARFITT@ASHCRAFTLAW.COM](mailto:MPARFITT@ASHCRAFTLAW.COM)>  
**Reply-To:** "[Information@platepass.com](mailto:Information@platepass.com)" <[Information@platepass.com](mailto:Information@platepass.com)>



Invoice 168410507

---

**Rental Agreement:** 407760080

**Last Name:** PARFITT

**Rental Start Date:** 03/07/2022

**Pickup Location:** 0584001 WEST BROAD  
ST HLE

**Rental End Date:** 03/08/2022

**Return Location:** 0584001 WEST BROAD  
ST HLE

**Due Date:** 04/10/2022

**Amount Due:** \$17.95

**Thank you for renting with Hertz.**

Hertz utilizes a service called PlatePass which allows its customers to use cashless lanes or all-electronic tollways without using a personal transponder or paying the toll authority directly. You are being charged the cost of the toll(s) and the convenience fee(s) as disclosed in your rental agreement.

Summary of PlatePass Charges



**Toll Charges: \$12.00**



**Convenience Fee: \$5.95**

---

**Total: \$17.95**



**Amount Due: \$17.95**

Need more information?

[Pay Now](#)

[PlatePass FAQ](#)

[Contact PlatePass](#)

**If paying by mail, make check or money orders payable to PlatePass, LLC**

**Mail to:**

**PlatePass LLC**

**25274 Network Place**

**Chicago, IL 60673-1252**

**Failure to pay in full may result in your account being sent to collections and/or your rental privileges being revoked.**

**Please do not respond to this email as it is from an automated system.**

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ASHCRAFT & GEREL LLP / ATTORNEYS AT LAW				1005951 MCMANIMON, SCOTLAND & BAUMANN, LLC		431377	
DATE	INVOICE NUMBER	MEMO				BALANCE	
03/30/2022	000451772189551	LTL MANAGEMENT 570- 4 LTL Management	01 -180 -61427-00000			420.00	
<p>Inv. # 189551</p>							
CHECK DATE	CHECK NUMBER						
04/07/2022	000431377	TOTAL				420.00	

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

<b>ASHCRAFT &amp; GEREL LLP</b> ATTORNEYS AT LAW OPERATIONS ACCOUNT 8403 COLESVILLE ROAD STE 1250 SILVER SPRING, MD 20910	<b>HANCOCK WHITNEY BANK</b> 228 ST. CHARLES AVENUE NEW ORLEANS, LA 70130 84-15/654	<b>431377</b>
---	---	---------------

**PAY:** *Four Hundred Twenty and 00/100 Dollars*

NUMBER	DATE	AMOUNT
000431377	04/07/2022	*****420.00

TO THE ORDER OF MCMANIMON, SCOTLAND & BAUMANN, LLC  
 75 Livingston Avenue  
 2nd Floor  
 Roseland, NJ 07068

*Margaret Munn*

SECURITY FEATURES INCLUDED. DETAILS ON BACK

⑈431377⑈ ⑆065400153⑆000060130834⑈

ASHCRAFT & GEREL LLP / ATTORNEYS AT LAW				1005951 MCMANIMON, SCOTLAND & BAUMANN, LLC		431377	
DATE	INVOICE NUMBER	MEMO				BALANCE	
03/30/2022	000451772189551	LTL MANAGEMENT 570- 4 LTL Management	01 -180 -61427-00000			420.00	
CHECK DATE	CHECK NUMBER						
04/07/2022	000431377	TOTAL				420.00	





McMANIMON • SCOTLAND • BAUMANN

75 Livingston Avenue, Roseland, NJ 07068 (973) 672-8800

Rebecca Love/Ashcraft & Gerel LLP

CLIENT # 00053284-00001

INVOICE # 189551

INVOICE DATE: March 30, 2022

BILLING REF: AS1

#### INVOICE SUMMARY

For professional services rendered through 02/28/22, in connection with the matter titled:

#### LTL Management

TOTAL FEES	420.00
TOTAL DISBURSEMENTS ADVANCED	0.00
<b>TOTAL FOR INVOICE</b>	<b>420.00</b>
<hr/>	
PREVIOUS BALANCE	0.00
<b>TOTAL BALANCE DUE</b>	<b>420.00</b>



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75 Livingston Avenue, Roseland, NJ 07068 (973) 627-0000

LOVE, REBECCA/ASHCRAFT & GEREL LLP

Mar 30, 2022

PAGE 2

PROFESSIONAL SERVICES RENDERED

DATE	ATTY	DESCRIPTION	HOURS	AMOUNT
02/24/22	AS1	Love - Analyze pro hac pleadings/revise	.30	120.00
02/24/22	SBP	Draft pro hac applications for Parfitt and Green	.80	240.00
02/25/22	SBP	Revise pro hac applications for Parfitt and Green	.20	60.00
TOTAL FEES:			1.30	420.00

DATE	CODE	DESCRIPTION	AMOUNT
TOTAL DISBURSEMENTS			.00



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75 Livingston Avenue Roseland, NJ 07068 (973) 622-1800

LOVE, REBECCA/ASHCRAFT & GEREL LLP

Mar 30, 2022

PAGE 3

ACCOUNTS RECEIVABLE INVOICES OUTSTANDING LISTING

INVOICE #	INVOICE DATE	INVOICE TOTAL	PAYMENTS RECEIVED	ENDING BALANCE
		PREVIOUS BALANCE		.00
		BALANCE DUE THIS INVOICE		420.00
		TOTAL BALANCE DUE		420.00



# Ashcraft & Gerel, LLP

Alexandria, VA Office  
4900 Seminary Rd., Suite 650, Alexandria, VA 22311

## Expense Voucher

Name	James Green	Employee Number	
Office	Washington, DC	Dept. No.	120
Departed	3/29/2022	Returned	3/30/2022
Destination	New Jersey		
Expenses Incurred for	Total A&G	Your Office	Client
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Hearing		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Hotel	\$226.78	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$226.78				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

JFG  
Employee Signature

Date

Approval Signature

Date

### FOR ACCOUNTING USE ONLY

Total Expenses \_\_\_\_\_  
Total Paid by A&G \_\_\_\_\_  
Advance Amount \_\_\_\_\_  
Amount Reimb. \_\_\_\_\_  
Check # \_\_\_\_\_



MARRIOTT

PRINCETON MARRIOTT FORRESTAL

GUEST FOLIO

2328	GREEN/JAMES/F	175.00	03/30/22	08:12	54712
ROOM	NAME	RATE	DEPART	TIME	ACCT#
GD	6522 HEATHER BROOK C		03/29/22	19:50	
TYPE	MC LEAN VA 221011607		ARRIVE	TIME	
11					
ROOM		VSXXXXXXXXXXXX3057			MBV#: 061750071
CLERK	ADDRESS	PAYMENT			

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
03/29	IRON&IVY	31652328		12.66
03/29	MARKET	45462328		7.73
03/29	TR ROOM	2328, 1		175.00
03/29	ROOM TAX	2328, 1		11.59
03/29	OCC TAX	2328, 1		8.75
03/29	MUNI TX	2328, 1		5.25
03/30	IRON&IVY	31832328		5.80
03/30	CCARD-VS			

PAYMENT RECEIVED BY: VISA XXXXXXXXXXXX3057

\*\*\*\*\* AUTHORIZATION \*\*\*\*\*

APPROVED

Total: \$225.00 Card Type: VISA Card Entry: CHIP Acct #: \*\*\*\*\*3057 Approval Code: 08850D

\*\*\*\*\* EMV AUTHORIZATION \*\*\*\*\*

App Label: VISA CREDIT Mode: Issuer

AID: A0000000031010 TVR: 8000008000 IAD: 06011203602000 TSI: 6800 ARC: 00 AC: BA4730131E4C51AB CVM: 1E0300

===== EXP. REPORT SUMMARY =====				
03/29	IRON&IVY			12.66
	MARKET			7.73
	TR ROOM			175.00
	ROOM TAX			11.59
	OCC TAX			8.75
	MUNI TX			5.25
03/30	IRON&IVY			5.80

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100 COLLEGE RD EAST  
PRINCETON NJ 08540  
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Treat yourself to the comfort of Marriott Hotels in your home. Visit ShopMarriott.com.

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X

# Ashcraft & Gerel, LLP

Alexandria, VA Office  
4900 Seminary Rd., Suite 650, Alexandria, VA 22311

## Expense Voucher

Name	Michelle Parfitt	Employee Number	
Office	Washington, DC	Dept. No.	180
Departed	3/29/2022	Returned	3/30/2022
Destination	New Jersey		
Expenses Incurred for	Total A&G	Your Office	Client
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Hearing		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Hotel	\$204.32	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Rental Car	\$225.01	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Fuel	\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Parking	\$12.00	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$451.33				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

MAP  
Employee Signature

Date

Approval Signature

Date

### FOR ACCOUNTING USE ONLY

Total Expenses \_\_\_\_\_  
Total Paid by A&G \_\_\_\_\_  
Advance Amount \_\_\_\_\_  
Amount Reimb. \_\_\_\_\_  
Check # \_\_\_\_\_



MARRIOTT

PRINCETON MARRIOTT FORRESTAL

GUEST FOLIO

2330	PARFITT/MICHELLE	175.00	03/30/22	12:38	54713
ROOM	NAME	RATE	DEPART	TIME	ACCT#
GD	207 E COLUMBIA ST		03/29/22	19:54	
TYPE	FALLS CHURCH VA 22046-3526		ARRIVE	TIME	
11					
ROOM		XXXXXXXXXXXX6006			MBV#: 285246737
CLERK	ADDRESS	PAYMENT			
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE	
03/29	MARKET	45282330	3.73		
03/29	TR ROOM	2330, 1	175.00		
03/29	ROOM TAX	2330, 1	11.59		
03/29	OCC TAX	2330, 1	8.75		
03/29	MUNI TX	2330, 1	5.25		
03/30	CCARD-AX			204.32	
	PAYMENT RECEIVED BY: AMERICAN EXPRESS XXXXXXXXXXXX6006				
	***** AUTHORIZATION *****				
	APPROVED				
	Total: \$225.00 Card Type: AMEX Card Entry: CHIP Acct #: *****6006 Approval Code: 862363				
	***** EMV AUTHORIZATION *****				
	App Label: AMERICAN EXPRESS Mode: Issuer				
	AID: A000000025010801 TVR: 0000008000 IAD: 06560103602002 TSI: F800 ARC: 00 AC: A3AE6C321D16A06E				
	CVM: 5E0300				
03/30	CASH		.00		.00
===== EXP. REPORT SUMMARY =====					
03/29	MARKET		3.73		
	TR ROOM		175.00		
	ROOM TAX		11.59		
	OCC TAX		8.75		
	MUNI TX		5.25		

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Signature X

Web: www.hertz.com



Rental Agreement No: 428341185  
Date: 03/31/2022  
Document: 992000536021

Direct All Inquiries To:  
THE HERTZ CORPORATION  
PO BOX 26120  
OKLAHOMA CITY, OK 73126-0120

CHARGE DETAIL

Renter: MICHELLE PARFITT  
Account No.: \*\*\*\*\*6006 AMX  
CDP No.: 1392782  
CDP Name: HERTZ MEMBER PROGRAM

MICHELLE ADRIEN PARFITT  
ASHCRAFT&GEREL  
1825 K ST NW  
WASHINGTON, DC 20006-1202

RENTAL REFERENCE

Rental Agreement No: 428341185  
Reservation ID: K0802971355

RENTAL DETAILS

Rate Plan: IN: OAUD2 OUT: OAUD2  
Rented On: 03/29/2022 09:44 LOC# 584001  
FALLS CHURCH, VA  
Returned On: 03/30/2022 09:45 LOC# 584001  
FALLS CHURCH, VA  
Car Description: SIR EDGE2.0AWDS CWN5051  
Veh. No.: 2201069  
CAR CLASS Charged: L MILEAGE In: 7,281  
Rented: L Out: 6,877  
Reserved: L Driven: 404

MISCELLANEOUS INFORMATION

CC AUTH: 849212 DATE: 2022/03/29 AMT: 425.00  
CC AUTH: 102110 DATE: 2022/03/31 AMT: 100.00

RENTAL CHARGES

DAYS 1 @ 99.70 99.70  
SUBTOTAL 99.70  
DAMAGE WAIVER (CDW/LDW) 31.99  
FUEL PURCHASE OPTION 79.72  
VEHICLE LICENSE FEE 0.39  
TAX 10.00% 13.21  
TOTAL CHARGES 225.01 USD

Gold Plus Rewards Points

Earned this rental: 211

E-RETURN RECEIPT

THANK YOU FOR RENTING FROM HERTZ

Direct All Inquiries To:  
THE HERTZ CORPORATION  
PO BOX 26120  
OKLAHOMA CITY, OK 73126-0120  
UNITED STATES

Renter: MICHELLE PARFITT  
Account No.: \*\*\*\*\*6006 AMX

Rental Agreement No: 428341185  
Date: 03/31/2022  
Document: 992000536021

Web: www.hertz.com

TOTAL CHARGES 225.01 USD

Fuel

MAP

Parking

Welcome To

\*\*\*\*\*  
Sunoco  
520 JFK Memorial  
Newark DE 19702

\*\*\*PRE-AUTHORIZED RECEIPT\*\*\*

Description	Qty	Amount
PREPAY CA #09		10.00
Subtotal		10.00
Tax		0.00
<b>TOTAL</b>		<b>10.00</b>
PREAUTH \$		10.00

PREPAY Receipt  
US DEBIT USD\$10.00  
Acct/Card #: \*\*\*\*\*2668  
Entry Method: Chip Read  
Auth #: 596166  
Resp Code: 000  
Stan: 06637073390  
Invoice #: 587547  
Shift #: 1  
Store # \*\*\*\*\*

Verified By PIN

MODE: Issuer  
AID: A0000000980840  
MERCHANT COPY

APPROVED

THANKS COME AGAIN

ST# 7687 TILL XXXX DR# 1 TRAN# 1047015  
CSH: 10 03/30/22 15:57:24

\*\*\*\*\*  
\*\*\*\*\*

WED 03-30-22 02:31 P

FEE[BASE]	\$ 12.00
Total	\$ 12.00

Card No. XXXX XXXX 2668  
Charge Amount \$ 12.00

Change \$ 0.00



## Ashcraft & Gerel, LLP

### Expense Voucher

Name	Michelle Parfitt	Employee Number	
Office	Washington, DC	Dept. No.	180
Departed	3/1/2022	Returned	3/2/2022
Destination	New York, NY		
Expenses Incurred for	Total A&G	Your Office	Client
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Meetings		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Fuel	\$26.20	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Meal	\$4.37	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$30.57				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

M. Parfitt  
Employee Signature

Date

Approval Signature

Date

#### FOR ACCOUNTING USE ONLY

Total Expenses \_\_\_\_\_  
Total Paid by A&G \_\_\_\_\_  
Advance Amount \_\_\_\_\_  
Amount Reimb. \_\_\_\_\_  
Check # \_\_\_\_\_



Map - LTC BSC - NY  
(3/1/22 - 3/2/22)

WELCOME  
SUNOCO  
MP 39.4  
MOUNT LAUREL NJ  
08054  
3/1/22  
TRANS 12 10:11  
ATTENDANT# 20  
PUMP# 03  
SERVICE LEVEL FULL  
PRODUCT: UNLD  
GALLONS: 9.69  
PRICE/G: 3.759  
FUEL SALE: 26.20  
CREDIT: 6.20

USDS 26.20  
\*\*\*\*\*2668  
Entry: Chip Read  
AppName: US DEBIT  
AuthNet: VISA  
MODE: Issuer  
AID: A0000000980840  
Auth #: 056699  
Resp Code: 000  
Stan: 0342665093  
Invoice #: 576057  
Shift #: 1  
Store #: \*\*\*\*\*  
\*\*\*\*\*

PIN Bypassed

N.Y. Mark  
G.F.

THANK YOU  
HAVE A NICE DAY

FUEL

STARBUCKS COFFEE  
CLARA BARTON TRAVEL PLAZA

416308 Makayla

CHK 1748 GST 1  
MAR02'22 5:42PM

TO GO

1 LATTE T 4.10  
W/ NF MILK

SUBTOTAL 4.10  
TAX 0.27

AMOUNT PAID 4.37

AT069230 XXX2668

VISA CC 4.37

--416308 Closed MAR02 05:42PM--

N.Y. Mark  
G.F.

MEAN

## Ashcraft & Gerel, LLP

Alexandria, VA Office  
4900 Seminary Rd., Suite 650, Alexandria, VA 22311

### Expense Voucher

Name	Michelle Parfitt	Employee Number	
Office	Washington, DC	Dept. No.	180
Departed	3/29/2022	Returned	3/30/2022
Destination	New Jersey		
Expenses Incurred for	Total A&G	Your Office	Client
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Hearing		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Meal	\$5.27	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$5.27				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

MAP

Employee Signature

Date

Approval Signature

Date

#### FOR ACCOUNTING USE ONLY

Total Expenses \_\_\_\_\_  
Total Paid by A&G \_\_\_\_\_  
Advance Amount \_\_\_\_\_  
Amount Reimb. \_\_\_\_\_  
Check # \_\_\_\_\_



MAP - LTC BKC - NJ

(3/29/22 - 3/30/22)

Princeton Marriott at Forrestal  
Iron & Ivy  
100 College Road East  
Princeton, New Jersey 08540

MEM  
Check No : 3186  
Table No : 0  
Server : 40394 RAJESH  
Name on Card: PARFITT/ MICHELLE  
Acct Num : XXXXXXXXXXXX2668  
Expiry Date : \*\*/\*\*  
Card Type : VISA  
Trans Type : Authorize  
Trans Date : 3/30/2022  
Trans Time : 7:37 AM  
Entry Mode : Chip  
Auth Code : 077938  
Resp Code : 00  
Mode : Issuer  
App Label : VISA DEBIT  
AID : A0000000031010  
ARC : 00  
TVR : 8000008000  
TSI : 6800  
IAD : 0606120360A000

00 Approved - Thank You 000

Subtotal : USD\$ 4.27

Gratuity :

Total :

Signature

I Agree to pay total amount as  
per the Card Issuer Agreement.  
Merchant Copy

800 452-7800

5.27



## Ashcraft & Gerel, LLP

Alexandria, VA Office  
4900 Seminary Rd., Suite 650, Alexandria, VA 22311

### Expense Voucher

Name	Michelle Parfitt	Employee Number	
Office	Washington, DC	Dept. No.	180
Departed	4/11/2022	Returned	4/12/2022
Destination	New Jersey		
Expenses Incurred for	Total A&G	Your Office	Client
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Hearing		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Hotel	\$287.71	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Hertz Rental Car	\$356.54	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Fuel	\$64.05	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Parking	\$12.00	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$720.30				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

MAP

Employee Signature

Date

Approval Signature

Date

#### FOR ACCOUNTING USE ONLY

Total Expenses	_____
Total Paid by A&G	_____
Advance Amount	_____
Amount Reimb.	_____
Check #	_____





PRINCETON MARRIOTT FORRESTAL

GUEST FOLIO

2109	PARFITT/MICHELLE	251.00	04/12/22	08:07	56295
ROOM	NAME	RATE	DEPART	TIME	ACCT#
GD	207 E COLUMBIA ST		04/11/22	17:07	
TYPE	FALLS CHURCH VA 22046-3526		ARRIVE	TIME	
5					
ROOM		AXXXXXXXXXXXXX6006			
CLERK	ADDRESS	PAYMENT			MBV#: 285246737

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
04/11	TR ROOM 2109, 1			
04/11	ROOM TAX 2109, 1	251.00		
04/11	OCC TAX 2109, 1	16.63		
04/11	MUNI TX 2109, 1	12.55		
04/12	CCARD-AX 2109, 1	7.53		
			287.71	

PAYMENT RECEIVED BY: AMERICAN EXPRESS XXXXXXXXXXXXXXX6006

\*\*\*\*\* AUTHORIZATION \*\*\*\*\*

APPROVED Card Type: AMEX Card Entry: CHIP Acct #: \*\*\*\*\*6006 Approval Code: 869489

\*\*\*\*\* EMV AUTHORIZATION \*\*\*\*\*

App Label: AMERICAN EXPRESS Mode: Issuer

AID: A000000025010801 TVR: 0000008000 IAD: 06560103602402 TSI: E800 ARC: 00 AC: F93F568F01647900

CVM: 5E0300

.00

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PRINCETON NJ 08540  
609-452-7800

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This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X



**Fwd: Hertz Receipt**

Michelle Parfitt <mparfitt@ashcraftlaw.com>

Wed 4/13/2022 11:36 AM

To: Nan Parfitt <nparfitt@ashcraftlaw.com>; Ellen Pascal <epascal@ashcraftlaw.com>

Cc: Michelle Parfitt <mparfitt@ashcraftlaw.com>

For the New Jersey trip. Thanks, MAP

Begin forwarded message:

**From:** "Hertz" <HertzNoReply@rentals.hertz.com>

**Subject:** Hertz Receipt

**Date:** April 13, 2022 at 10:43:51 AM EDT

**To:** <mparfitt@ashcraftlaw.com>

**Reply-To:** "NoReply" <HertzNoReply@rentals.hertz.com>

Here's Your Hertz Rental Car Receipt.

[VIEW ONLINE](#)

**Hertz**

We're here to get you there.



**Your Receipt**

[VIEW RECEIPT](#)

# 01 PN

RR  
RES

**524809504**  
K0911987603

**MICHELLE PARFITT**

**INITIAL CHARGES**

RENT RT	\$	129.68/ DAY	@	2/ DAYS	\$	259.36
<b>SUBTOTAL</b>					<b>T \$</b>	<b>259.36</b>

**CHARGES ADDED DURING RENTAL**

LDW	ACCEPTED @ \$	31.99 DAY		<b>T \$</b>	<b>63.98</b>
LIS	DECLINED				
PAI, PEC	DECLINED				
PREMRD SVC	DECLINED				
* ADDITIONAL CHARGES					

**SERVICE CHARGES/TAXES**

VEHICLE LICENSE COST RECOVERY				<b>T \$</b>	<b>.78</b>
TAX	10.000%	ON TAXABLE TTL OF \$	324.12	\$	32.42
<b>TOTAL AMOUNT DUE</b>				<b>\$</b>	<b>356.54</b>

CHARGED ON AMX XXXXXXXXXXXX6006

FOR EXPLANATION OF THE ABOVE CHARGES,  
PLEASE ASK A REPRESENTATIVE OR GO TO  
[WWW.HERTZ.COM/CHARGEEXPLAINED](http://WWW.HERTZ.COM/CHARGEEXPLAINED)

VEHICLE:	02179/367006421SIREXD3.5SUNNAS
LICENSE:	NMBADT81
FUEL:	NOT /8 /8 5 5 FULL OUT IN
MILEAGE IN: 29680	TR-X MILES:
MILEAGE OUT: 29274	MILES ALLOWED:
MILES DRIVEN: 406	MILES CHARGED:
CDP:	00099
RENTED:	WEST
	BROAD
	ST HLE
RENTAL:	04/11/2208:07
RETURN:	04/13/2208:00
	WEST
RETURNED:	BROAD
	ST HLE
COMPLETED BY:	5231/NAFAL01
PLAN IN: OAUD2	RATE CLASS: L
PLAN OUT:	OAUD2

[www.Hertz.com](http://www.Hertz.com)

**Hertz** CAR SALES

Buying a Car Made Better



Map - LTL BK - NT

(4/11/22 - 4/12/22)

4150 US RT, 1 N  
MONMOUTH JUN, NJ 08852

EXXON EXPRESS PAY

PMG NJ II 2400/8001  
XXXXXXXXXX7001  
4150 US RT 1 N  
MONMOUTH JUN, NJ  
08852  
04/11/2022 431083297  
04:43:49 PM

XXXXXXXXXXXX2668  
Visa  
INVOICE 094021  
AUTH 040244

PUMP# 12  
Regular CR 15.179G  
PRICE/GAL \$3.959

FUEL TOTAL \$ 64.05

CREDIT \$ 64.05

Customer-activated Purchase/Capture  
Site #: 0000000004706405  
Shift Number 1  
Sequence Number 43735  
Chip Read  
US DEBIT  
Master Issuer  
AID: 4000000000000000  
TVR: 0000100000  
TAC: 00001203602000  
TSI: 0000  
ARC: 00  
TC: 1E30E110AD05E0FE  
APPROVED 040244

TUE 04-12-22 01:38 P

FEE[BASE] \$ 12.00

Total \$ 12.00

Card No. XXXX XXXX 2668

Charge Amount \$ 12.00

Change \$ 0.00

Pack 56

Fuel

# Ashcraft & Gerel, LLP

Alexandria, VA Office  
4900 Seminary Rd., Suite 650, Alexandria, VA 22311

## Expense Voucher

Name	Michelle Parfitt	Employee Number	
Office	Washington, DC	Dept. No.	180
Departed	4/18/2022	Returned	4/20/2022
Destination	New York		
Expenses Incurred for	Total A&G	Your Office	Client
Client Name	Talcum MDL	Client Matter No.	570-04
Travel Advance Check No.		Advance Amount	
Business Associate (s)			
Business Purpose	LTL Bankruptcy Meetings		

Expense Description	Total Expense Amount	Paid by A&G CRFD Card	Paid by A&G Checks	Check #	Paid by Employee
Hotel	\$1,059.05	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Rental Car	\$448.58	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Expenses (Please Describe)					
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Expense Total	\$1,507.63				

Documentary evidence is required for all expenditures. Please obtain receipts whenever possible. Authorized signature other than yours is required before payment can be processed.

MAP

Employee Signature

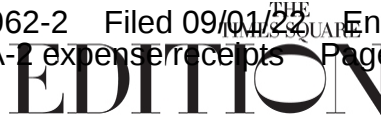
Date

Approval Signature

Date

### FOR ACCOUNTING USE ONLY

Total Expenses \_\_\_\_\_  
Total Paid by A&G \_\_\_\_\_  
Advance Amount \_\_\_\_\_  
Amount Reimb. \_\_\_\_\_  
Check # \_\_\_\_\_



MICHELLE PARFITT  
207 E COLUMBIA ST  
FALLS CHURCH 22046  
United States

Room Number: 2815  
Arrival Date: 04-18-22  
Departure Date: 04-20-22  
CRS Number: 81275541  
Marriott Bonvoy No: XXXXX6737

# INFORMATION INVOICE

Folio No: 101969

Date	Description	Charges	Credits
04-18-22	Room Charge	385.01	
04-18-22	State Sales Tax	34.17	
04-18-22	City Occupancy Tax	22.62	
04-19-22	The Terrace at EDITION Room# 2815 : CHECK# 5843	134.03	
04-19-22	Occupancy Tax 04/18/22	3.50	
04-19-22	Room Charge	415.01	
04-19-22	State Sales Tax	36.83	
04-19-22	City Occupancy Tax	24.38	
04-19-22	Occupancy Tax	3.50	
04-20-22	American Express XXXXXXXXXXXXXXX6006 XX/XX		1,059.05
<b>Total</b>		<b>1,059.05</b>	<b>1,059.05</b>
<b>Balance</b>		<b>0.00</b>	

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